



03500.008117.2

PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)	
	:	Examiner: T. Peyton
Tomishige TAGUCHI)	
	:	Group Art Unit: 2182
Application No.: 09/312,823)	
	:	
Filed: May 17, 1999)	
	:	
For: ELECTRONIC APPARATUS HAVING)	June 9, 2004
CONNECTING MEANS	:	

RECEIVED

JUN 16 2004

Technology Center 2100

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

AMENDMENT

Sir:

In response to the Office Action mailed March 9, 2004, Applicant respectfully requests that the above-identified application be amended as follows.



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In re Application of:

Docket No.: 03500.008117.2

Tomishige TAGUCHI

Application No.: 09/312,823

Examiner: T. Peyton

Filed: May 17, 1999

Group Art Unit: 2182

For: ELECTRONIC APPARATUS HAVING
CONNECTING MEANS

Date: June 9, 2004

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Technology Center 2100

Mail Stop Amendment

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	8	MINUS	130	= 0	x \$ 9 \$18	\$0.00
INDEP. CLAIMS	3	MINUS	11	= 0	x \$43 \$86	\$0.00
Fee for Multiple Dependent claims \$145°/\$290						
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						\$0.00

☐ °Verified Statement claiming small entity status is enclosed, if not filed previously.☐ A check in the amount of \$_____ is enclosed.

☐ Charge \$____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.


☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.

☐ A check in the amount of \$____ to cover the fee for a _____ month extension is enclosed.

☐ A check in the amount of \$____ to cover the Information Disclosure Statement fee is enclosed.

☒ Applicant's undersigned attorney may be reached in Washington, D.C. by telephone at (202) 530-1010. All correspondence should continue to be directed to the below-listed address.

Respectfully submitted,



Attorney for Applicant
Melody H. Wu
Registration No. 52,376

FITZPATRICK, CELLA, HARPER & SCINTO

30 Rockefeller Plaza

New York, New York 10112-3801

Facsimile: (212) 218-2200

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